

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Name of Inventor

Ramon M. NAVARRO

COMPLETE IF KNOWN

Application Number

N/A

Filing Date

Art Unit

N/A

Examiner Name

Not Assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus for the Simultaneous Filling of Containers with Precise Amounts of Viscous Liquid Material in a Sanitary Environment

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

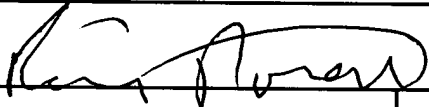
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| | | | |
|---|---------------------------|---|---------------------|
| Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label | | OR <input checked="" type="checkbox"/> Correspondence address below | |
| William D. Breneman BRENNEMAN & GEORGES Name | | | |
| 3150 COMMONWEALTH AVENUE Address | | | |
| ALEXANDRIA City | | VIRGINIA State | 22305 ZIP |
| USA Country | 703.683.8006 Telephone | | 703.683.8009 Fax |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name RAMON M. (first and middle [if any]) | | Family Name NAVARRO or Surname | |
| Inventor's Signature  | | Date 1-28-04 | |
| ORANGE Residence: City | CALIFORNIA State | USA Country | USA Citizenship |
| 4829 E. WALNUT AVENUE Mailing Address | | | |
| ORANGE City | CALIFORNIA State | 92869 ZIP | USA Country |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | ZIP | Country |
| <input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | |

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Ramon M. Navarro |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

| Name | Registration Number |
|---------------------------|---------------------|
| William D. Breneman, Esq. | 26,714 |
| Peter J. Georges, Esq. | 25,867 |
| Todd A. Vaughn, Esq. | 52,319 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

| | | | | |
|--|--------------------------|-------|----------------|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | BRENEMAN & GEORGES | | | |
| Address | 3150 Commonwealth Avenue | | | |
| Address | | | | |
| City | Alexandria | State | VA | Zip 22305 |
| Country | U.S.A. | | | |
| Telephone | (703) 683-8006 | Fax | (703) 683-8009 | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name RAMON M. NAVARRO

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.